



STATE OF WASHINGTON  
**APPLICATION FOR CHANGE/TRANSFER  
OF WATER RIGHT**

For filing with Ecology or with County Conservancy Boards



**A MINIMUM FEE OF \$10.00 PAYABLE TO ECOLOGY MUST ACCOMPANY THIS APPLICATION**

(Check all that apply.)

- ☐ Change purpose(s) of use  
☐ Add purpose(s) of use  
☒ Change point(s) of diversion/withdrawal  
☐ Add point(s) of diversion/withdrawal  
☐ Change/transfer place of use  
☐ Other (i.e. consolidation, intertie, trust water)

Explain: \_\_\_\_\_

**FOR OFFICE USE ONLY**

CHANGE No. CS3-28709WRTS WRIA 32

DATE ACCEPTED 08/11/2004 BY Kay

FEE \$ 10.00 REC'D 7/29/2004

CHECK No. 1722

SEPA: ☒ Exempt ☐ Not exempt

Walla Walla County

**\*\*IF MORE SPACE IS NEEDED, ATTACH ADDITIONAL SHEETS (PLEASE PRINT OR TYPE CLEARLY)\*\***

**1. Applicant Information:**

|  |                                    |                          |
|--|------------------------------------|--------------------------|
| APPLICANT/BUSINESS NAME<br><u>ART LESSER</u> | PHONE NO.<br><u>(509) 525 9487</u> | FAX NO.<br>( )           |
| ADDRESS<br><u>1606 DETOUR RD</u>             |                                    |                          |
| CITY<br><u>Walla Walla</u>                   | STATE<br><u>Washington</u>         | ZIP CODE<br><u>99362</u> |
| CONTACT NAME (IF DIFFERENT FROM ABOVE)       | PHONE NO.                          | FAX NO.                  |
|  | ( )                                | ( )                      |
| ADDRESS                                      |                                    |                          |
| CITY   | STATE                              | ZIP CODE                 |

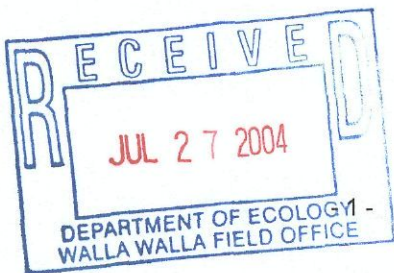
**2. Water Right Information:**

|  |  |
|--|--|
| WATER RIGHT OR CLAIM NUMBER<br><u>WWPAC 709</u>  | RECORDED NAME(S)<br><u>H. PETERSON</u> |
| DO YOU OWN THE RIGHT TO BE CHANGED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO                                  |  |
| IF NO, PROVIDE OWNER(S) NAME:  |  |
| HAS THE WATER BEEN PUT TO BENEFICIAL USE IN THE LAST FIVE (5) YEARS? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO |  |

**Please attach copies of any documentation that demonstrates consistent, historical use of water since the right was established. Also, if you have a water system plan or conservation plan, please include a copy with your application.**

**FOR OFFICE USE ONLY**

APP. NO. \_\_\_\_\_ PERMIT NO. \_\_\_\_\_ CERT. NO. \_\_\_\_\_ CERT. OF CHANGE NO. \_\_\_\_\_





### 3. Point(s) of Diversion/Withdrawal:

#### A. Existing

| SOURCE               | NO. | ¼  | ¼  | SEC. | TWP. | RGE. | PARCEL # | WELL TAG # |
|----------------------|-----|----|----|------|------|------|----------|------------|
| Little WallaWalla R. |     | NW | NW | 5    | 6    | 35   |          |            |
|                      |     |    |    |      |      |      |          |            |

#### B. Proposed

| SOURCE        | NO. | ¼  | ¼  | SEC. | TWP. | RGE. | PARCEL # | WELL TAG # |
|---------------|-----|----|----|------|------|------|----------|------------|
| WALLA WALLA R |     | SW | NW | 36   | 7    | 34   |          |            |
|               |     |    |    |      |      |      |          |            |

DO YOU OWN THE EXISTING AND PROPOSED POINT(S) OF DIVERSION/WITHDRAWAL?

EXISTING: ☒ YES ☒ NO      PROPOSED: ☒ YES ☐ NO – IF NO, PROVIDE OWNER(S) NAME:

Please include copies of all water well reports involved with this proposal. Also, if you know the distances from the nearest section corner to the above point(s) of diversion/withdrawal, please include that information in Item No. 6 (remarks) or as an attachment.

### 4. Purpose of Use: — No Change

#### A. Existing

| PURPOSE OF USE | GPM or CFS | ACRE-FT/YR | PERIOD OF USE |
|----------------|------------|------------|---------------|
|                |            |            |               |
|                |            |            |               |
|                |            |            |               |
|                |            |            |               |

#### B. Proposed

| PURPOSE OF USE | GPM or CFS | ACRE-FT/YR | PERIOD OF USE |
|----------------|------------|------------|---------------|
|                |            |            |               |
|                |            |            |               |
|                |            |            |               |
|                |            |            |               |

### 5. Place of Use: — No Change

#### A. Existing

| LEGAL DESCRIPTION OF LANDS WHERE WATER IS PRESENTLY USED: |   |      |      |      |        |          |            |
|---|---|------|------|------|--------|----------|------------|
|   |   |      |      |      |        |          |            |
|   |   |      |      |      |        |          |            |
|   |   |      |      |      |        |          |            |
|   |   |      |      |      |        |          |            |
| ¼   | ¼ | SEC. | TWP. | RGE. | COUNTY | PARCEL # | # OF ACRES |
|   |   |      |      |      |        |          |            |

DO YOU OWN ALL THE LANDS IN THE EXISTING PLACE OF USE? ☒ YES ☐ NO – IF NO, PROVIDE OWNER(S) NAME:

#### B. Proposed

| LEGAL DESCRIPTION OF LANDS WHERE NEW USE IS PROPOSED: |   |      |      |      |        |          |            |
|---|---|------|------|------|--------|----------|------------|
|   |   |      |      |      |        |          |            |
|   |   |      |      |      |        |          |            |
|   |   |      |      |      |        |          |            |
|   |   |      |      |      |        |          |            |
| ¼   | ¼ | SEC. | TWP. | RGE. | COUNTY | PARCEL # | # OF ACRES |
|   |   |      |      |      |        |          |            |

DO YOU OWN ALL THE LANDS IN THE PROPOSED PLACE OF USE? ☒ YES ☐ NO – IF NO, PROVIDE OWNER(S) NAME:



Attach a detailed map of your proposed change/transfer. The map should show existing and proposed point(s) of diversion/withdrawal, place of use and any other features involved with this application. If platted property, please include a certified copy of the plat map.

Are there any ADDITIONAL WATER rights OR CLAIMS RELATED to the same property as the ONE PROPOSED FOR CHANGE/TRANSFER?  
☒ YES ☐ NO – IF YES, PROVIDE THE WATER RIGHT/CLAIM NUMBER(S):

WWRAC 869, G3-21334C

#### 6. Remarks and Other Relevant Information:

IF FOR SEASONAL OR TEMPORARY, START DATE \_\_\_\_/\_\_\_\_/\_\_\_\_ END DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

#### 7. Signatures:

I certify that the information above is true and accurate to the best of my knowledge. I understand that in order to process my application, I am hereby granting staff from the Department of Ecology or the County Conservancy Board access to the above site(s) for inspection and monitoring purposes. If assisted in the preparation of the above application, I understand that all responsibility for the accuracy of the information rests with me.

Art Lesser 7/26/04  
(Applicant) (Date)

Art Lesser 7/26/04  
(Water Right Holder) (Date)

Art Lesser 7/26/04  
(Land Owner(s) of Existing Place of Use) (Date)

**IMPORTANT! APPLICATION FILING INFORMATION IS PROVIDED ON THE NEXT PAGE.**

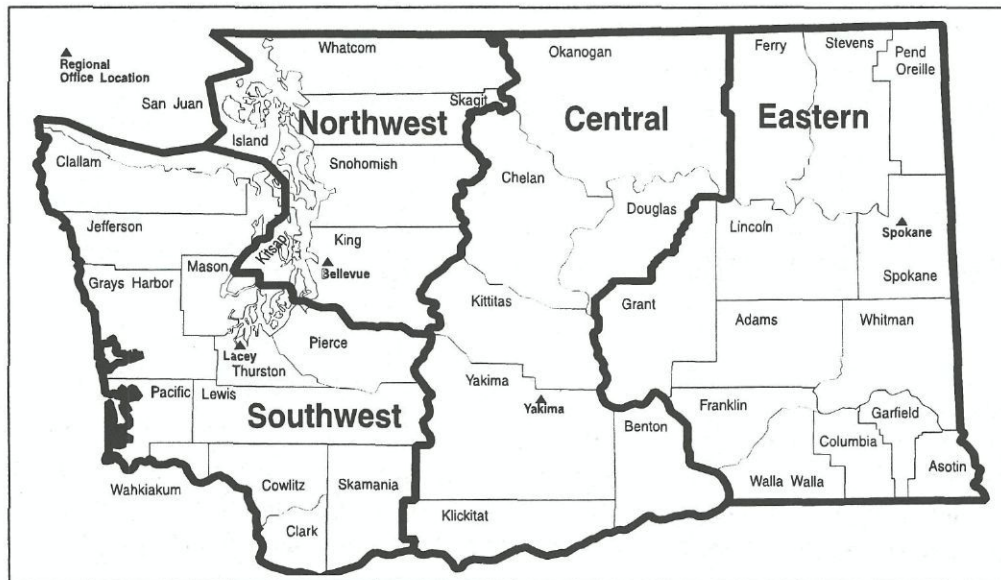
#### WE ARE RETURNING YOUR APPLICATION FOR THE FOLLOWING REASON(S):

- ☐ APPLICATION FEE NOT ENCLOSED ☐ MAP NOT INCLUDED or INCOMPLETE  
☐ ADDITIONAL SIGNATURES REQUIRED ☐ SECTION \_\_\_\_\_ IS INCOMPLETE  
☐ OTHER/EXPLANATION: \_\_\_\_\_

STAFF: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

## IMPORTANT!

Submit your application to Ecology at the regional office for the area of proposed or existing water use or at a Conservancy Board with jurisdiction. Below is a map of the State of Washington, with outlines of the four Ecology regional offices. If you have questions about your application or whether a County Conservancy Board with jurisdiction exists, contact the Water Resources program at the regional office in which your project is located.



Department of Ecology  
Central Regional Office  
15 W. Yakima Avenue, Suite 200  
Yakima, WA 98902  
Telephone: (509) 575-2490

Department of Ecology  
Eastern Regional Office  
N. 4601 Monroe, Suite 202  
Spokane, WA 99205-1295  
Telephone: (509) 456-2926

Department of Ecology  
Northwest Regional Office  
3190 - 160<sup>th</sup> Avenue SE  
Bellevue, WA 98008-5452  
Telephone: (425) 649-7000

Department of Ecology  
Southwest Regional Office  
PO Box 47775  
Olympia, WA 98504-7775  
Telephone: (360) 407-6300

Persons of disability needing assistance in the application process or those needing this application in an alternate format, may call (360) 407-6607 (voice) or (360) 407-6006 (TDD).

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